NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcolic Enforcement

JUL 0 9 20 Quarterly Controlled Substance Inventory Form for Humane Societies

Manage
Enforcemen

	Bureau of Ivalidation	
facility shall submit a report to the dens	Regulations Part 80.134(k) states: "Quarterly reports. Within I artment signed by an officer or official and the agent and include	the information requested by this form).
Facility Name Hon	none Society of W	10stchester
Agent's Name 00 d	unine Veli	
	2 1	
Address	of mar rouge	201 a La telast
- New K	OCHOLL State NY Zip 106	County Waster
Telephone Number 9	ochelle state N zip 106 14-632-2925	
Bureau of Narcotic Enforceme	nt Certificate Number 1002 (
DEA Number		
DEA Number		**
	Quarter (1)(2)(3) (4) of year 2	018
	Circle correct quarter	
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	158 146	17
Total Amount Received	200	-0-
Total Amount Utilized	222	-0-
*Total Amount Lost	-07	-0-
Ending Amount on Hand	124	- 4 9
		Anners
Number of Dogs Euthanized	11	
Number of Cats Euthanized Other Species Euthanized (spe	cify) Bird 13	
Other Species Editiatized (spe	city) Birg	
* Loss of controlled substance	s must be reported to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
Signed:	3 C C 2012	
Print Name:		
		The state of the s
To be completed by registere	ed agent: I certify that on +1616 Conducted	a physical inventory on the controlled substances
listed above. Any loss has bee	n noted. Under the penalties of penjury, I affirm th	at the statements made are true.
() . Alex Viley		
Signature of Agent	Signature of Office	or of Society or Facility
	// //	-/18
7-6-2018		/// 8
Date	Date / /	1.
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: Bur	reau of Narcotic Enforcement	
	verview Center	
) Broadway	
	pany, NY 12204	
(86	66) 811-7957	

DOH-4331 (7/12)

NEW YORK STATE DEPARTMENT OF HEALTH Department of Health Department of Health APR OF 2018 Quarterly Controlled Substance Inventory Form for Humane Societies

	San Cy Is	
facility shall submit a report to the departr	nent signed by an officer or official and the agent and includ	
Facility Name Hum	one Jociety of Weste	chester
Agent's Name Lee An	ne Veley	
70 0 -	man Road	3.00
	make Make a MALTON MA	80/ County Wastchester
_ New Ro		Tounty Westernsing
Telephone Number 914	632 2925	
Bureau of Narcotic Enforcement	Certificate Number 10026	
DEA Number		
DEA Number	- 3/0	
	Quarter (1)(2) (3) (4) of year 20	18
	Circle correct quarter	And Continued to the Co
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	> 1 U	17
Total Amount Received	3.0-	- 0 -
Total Amount Utilized	178	-0-
*Total Amount Lost	- 0 -	-0-
Ending Amount on Hand	146	17
400-		
Number of Dogs Euthanized	177	-0 -
Number of Cats Euthanized	iy) rath rabbit, Bird 3	
Other Species Euthanized (specif	i) rat, rabb. T, Bird 3	0
* Loss of controlled substances n	nust be reported to the Bureau of Narcotic Enfor	cement. Briefly explain the loss.
5,050 0. 00.111.01100 5.155.151.010		22.22.22.23.14.4.19.22.24.17.14.2
Signed:		
ndar North		
Print Name:	and the state of t	
To be completed by registered	agent: I certify that on 4/4/18 I conducted	apphysical inventory on the controlled substance
listed above. Any loss has been i	noted. Under the penalties of perjury, I affirm the	at the statements made are true.
CIA VI	1/1/18	644
1 Julian Valing	Si Aluda de Offica	er of Society or Facility
Signature of Agent		
4-4-18	04/4/1	8
Date	Date	(2000)
False statements made herein a	re punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: Rurea	u of Narcatic Enforcement	

DOH-4331 (7/12)

Ríverview Center 150 Broadway Albany, NY 12204 (866) 811-7957

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcolic Enforcement

1 1 2018 Quarterly Controlled Substance Inventory Form for Humane Societies

	of Narcotic Enforcement	
Title 10 of New York State Rules and F	Bureau Of Regulations Part 80, 134(k) states: "Quarterly reports. Within 1	9 days of the end of each quarter of each year, the society or
	rrment signed by an officer or official and the agent and include	e" (the information requested by this form),
Facility Name Humane	Society of Westchester	Charles to the Charle
Agent's Name		
Address 70 Portn	non Road	
New Roche		108 County Westchester
		Wester as 100
Telephone Number 914		L 100+4-100
Bureau of Narcotic Enforcemen	nt Certificate Number 10026	
DEA Number		
DEA Number		
	Quarter (1) (2) (2) (1) by year (2)	017
	Quarter (1) (2) (3) (4) of year 2	<u>-,</u> 1
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	502.5	1110
Total Amount Received Total Amount Utilized	1283	
*Total Amount Lost	1.70	- C)
Ending Amount on Hand	200-	17.0
Ending Amount on Tanks	33	
Number of Dogs Euthanized	14	in which the
Number of Cats Euthanized	デ え	* physiological .
Other Species Euthanized (spec	cify) O	Constraints of the Constraints o
* Loss of controlled substances Signed:	s must be reported to the Bureau of Narcotic Enforce	cement. Briefly explain the loss.
Print Name:	311000	
To be completed by registere listed above. Any loss has bee Signature of Agent -3 - 18 Date	d agent: I certify that on 1/3/18 I conducted in noted. Under the penalties of perjury, I affirm the agents of Office 1/8	a physical inventory on the controlled substances at the statements made are true.
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: Dun	any of Narantic Enforcement	
	erview Center	÷ 4
Alb	Broadway any, NY 12204 6) 811-7957	

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcolic Enforcement NYS Department of Health Humane Societies

OCT 2 3 2017

Title 10 of New York State Rules and Reguireau reference facility shall submit a report to the department signed by an	collecting of the press within the agent and include	10 days of the end of each quarter of each year, the se
facility shall submit a report to the department signed by an	and I all the	+ la + ta -
Facility Name tumone De	CLETY OT WS	Charles
Agent's Name		A STATE OF THE STA
TICA TIL ALLOND	and	
New Ruchaile	2. AA 1 7: 1/2/	105 come lise tale note =
NEW ROCHEILE	State // Zip / O	600 County Wis ICH EN
Telephone Number 7/7-4 10.	100 00 100 D	
Bureau of Narcotic Enforcement Certificate Nu	mber 10026	
A Aug March March 1		
DEA Number		10
	Quarter (1) (2) (3) (4) of year 2	1017
	d. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	>7-	17.0
Total Amount Received 50	00 -	C) ·
Total Amount Utilized 23	6.5	- Taranga - Tara
*Total Amount Lost	AND A REAL PROPERTY.	171.0
Ending Amount on Hand 5	14.5	1110
Nachar Charles Following	2	
Number of Dogs Euthanized	41	0
Number of Cats Euthanized		
Other Species Euthanized (specify) / Bird	3. Iguiviely 1 KUB. F	
* Loss of controlled substances must be reported	d to the Bureau of Narcotic Enfor	cement. Briefly explain the loss.
Signed:		hat.
Signed.		
Print Name:		during.
		to the first feet and a second and a second
To be completed by registered agent: I certif	that on/_ I conducted	a physical inventory on the controlled subsi
listed above. Any loss has been noted. Under	the penalties of perjuy, artifu	mattine state news made are true.
() Luftane Veley		by
Signature of Agent	Signature of Office	er of Society or Facility
V		
10-10-17	V 10-1	10-11
Date	Date	
PAGE TO THE PAGE T		010 16 CM P 47
False statements made herein are punishable	as a Class A misdemeanor, pursu	uant to section 210,45 of the Penal Law.
V. 9	En Fargamant	
Mail completed forms to: Bureau of Narcotic	Enforcement	
Riverview Center	34. B	
150 Broadway	4	
Albany NV 12204		
Albany, NY 12204 (866) 811-7957	41	. (

JUL	1	U	ZU17	

	cgulations Part 80.134(k) states: "Quarterly reports. Within I	
Facility Name Tumo	use Society of Westche	otec
Agent's Name	A CONTRACTOR OF THE CONTRACTOR	11500000
Address 70 Pc	otman Road	and the state of t
NOW RO	chelle State MY Zip 108	of county Westchester
Telephone Number 915	chelle State NY Zip 1081 1-632-2925	
Bureau of Narcotic Enforcement	nt Certificate Number 10026	
DEA Number		
DEA Number	,	
	Quarter (1)(2)(3) (4) of year 20	2/7
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	505.50	18.5
Total Amount Received		-0-
Total Amount Utilized	266,50	1.5
*Total Amount Lost	A 2 2 3 3 3	787
Ending Amount on Hand	339.00	1.7, 0
Number of Dogs Euthanized	15	
Number of Cats Euthanized	.59	ALLEN TO THE PARTY OF THE PARTY
Other Species Euthanized (spe-	sity) rabbit3 chipment covirrel	1000000
* Loss of controlled substances Signed:	must be reported to the Bureau of Narcotic Enforce	cement, Briefly explain the loss.
orgried,	Total Control of the	
Print Name:	10000	
listed above. Any loss has bee	d agent: I certify that on 7 / / / I conducted n noted. Under the penalties of perjury, I affirm the	Viley, Wasser
Signature of Agent	Signature of Office	er of Society or Facility
7/17/17	7-7-1	•
Date	Date	T
Date	Duic	
False statements made herein	are punishable as a Class A misdemeanor, pursu	unt to section 210.45 of the Penal Law
	eau of Narcotic Enforcement erview Center Broadway	

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

APR 2 1 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and facility shall submit a report to the dep	Regulations Part 80.134(k) states: "Quarterly reports. Within to artiment signed by an officer or official and the agent and include	0 days of the end of each quarter of each y e" (the information requested by this form)
Facility Name How	rane Society of h	Justchuster
Agent's Name / OUC		
Address 70 F		
	Lochelle State M Zip	1080 County Westchester
Telephone Number 914	- 632 -2925	14 100 1100
Bureau of Narcotic Enforceme	ont Certificate Number / 0026	
DEA Number		
	Quarte (1)(2)(3)(4) of year	1017
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	545.50	20.0
Total Amount Received	100 -	- 0 -
Total Amount Utilized	140-	1.5
*Total Amount Lost	505.50	18 2
Ending Amount on Hand	1 202.20	7073
Number of Dogs Euthanized	12	/
Number of Cats Euthanized	23	0
	city) goose / rabbit squire 3	0
	es must be reported to the Bureau of Narcotic Enfor	cement. Briefly explain the loss.
Print Name:	Notice Control of the	
To be completed by register listed above. Any loss has been Signature of Agent	ed agent: I certify that on 4/10 11 conducted on noted. Under the penalties of perjust I affirm the Signature of Office	a physical inventory on the controll at the statements made are true. er of Society or Facility
Date	Date	1-1-1
False statements made herein Mail completed forms to: Bu	n are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal I
15 Al	verview Center 0 Broadway bany, NY 12204 56) 811-7957	

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JAN 0 9 2017 Quarterly Controlled Substance Inventory Form for **Humane Societies**

water the state of	- mont	Tiumane occi
Burea	u of Narcotic Enforcement	
Title 10 of New York State Rules and Regulations Par	t 80.134(k) states: "Quarterly reports. Within I	0 days of the end of each quarter of each year, the so
facility shall submit a report to the department signed		
Facility Name Tam and	Society of	Westchester
Agent's Name Jource Hol	tz 1	
	n Road	1-1000000
	10000	
New Rochelle		b / county Wastchestr-
Telephone Number 9/4 (32 2925	
Bureau of Narcotic Enforcement Certificate	Number /000 (a:	
DEA Number		a de la designa de la designa de la dela della d
- Trianion		and the second of the second o
	Quarter (1) (2) (3) (2) of year 2	016
	Circle correct quarter	
CONTROLLED SUBSTANCE Mixture o	f Sod, Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	243	37 255
Total Amount Received	500	-0-
Fotal Amount Utilized	197.5	-5.6
*Total Amount Lost	-0-	20.0
Ending Amount on Hand	4 3 45.00 I	30.0
Number of Dogs Euthanized	19	.5
Number of Cats Euthanized	38	0
Other Species Euthanized (specify) 33(AY	rel-2 rat-1 hird-1	
* Loss of controlled substances must be rep	orted to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
Print Name:		
To be completed by registered agent: I ce fisted above. Any loss has been noted. Und	ertify that on 1/4/11 conducted a der the penalties of perjury, Lastirm that Signature of Officer	
1111	1/9/1/	1
Date	Date F	
False statements made herein are punisha	hle as a Class A misdamanus russus	int to saction 210 45 of the Bound I am
ame material mane herein ale punisha	ne us a Class /s misaemeanor, darsna	nt to secuon 210.43 of the renat Law.

Mail completed forms to: Bureau of Narcotic Enforcement

Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957 NEW YORK STATE DEPARTMENT OF HEALTH OCT 1 7 2016

Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Facility Name	make Society of We	stchaster
Agent's Name	ice Holtz	
	ortman Road	y (west as reg = 1
NEW Rochs		al county Westchaster
Telephone Number 9/	4 632 2925	-1 county Westersoner
Bureau of Narcotic Enforcer		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
DEA Number	7 5 5 7, 4	1900
	*	i de la company
	Quarter (1) (2) (3) (4) of year 20 Circle correct quarter	016
		P. C.
CONTROLLED SUBSTANC Previous Amount on Hand		Ketamine (Schedule III)
Total Amount Received	429.50	37
Total Amount Utilized	186,5	11. 5
*Total Amount Lost	-0-	-2
Ending Amount on Hand	243	25.5
Number of Dogs Euthanized	13	7
Number of Cats Euthanized	22	- 0-
Other Species Euthanized (sp	pecify) 1-muese 1-Bigs 1-Sayiggel	
* Loss of controlled substance Signed:	ces must be reported to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
Print Name:		
Mercertox	red agent: I certify that on 10/1/2/4 condended con noted. Under the penalties of perjuty, I affirm the	1(6)
Signature of Agent	Signature/of Office	r of Society or Facility
		17/16
10/12/16 Date	Date	
Date False statements made here		uni to section 210 45 of the Pount La
	In are punishable as a Class A misdemeanor, pursua	ant to section 210.45 of the Penal La

NEW YORK STATE DEPARTMENT OF HEALTH

JUL 1 3 2016

Bureau of Narcolic Enforcement

Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "facility shall submit a report to the department signed by an officer or office	'Quarterly reports. Within 10 days of the end of each quarter of each year, the society or sial and the agent and include" (the information requested by this form).
~	Wostchester (New Rodralle)
	Moderates (1000 1500,000)
Agent's Name	
Address 70 Portman Road	
New Rochelle s	stateNY zip 10605 county Westchester
Telephone Number 914 632 292	5
Bureau of Narcotic Enforcement Certificate Number	10026
DEA Number	
DEA Number	100 100 100 100 100 100 100 100 100 100
Quarter (1	(3)(3) (4) of year Ze) 16
CONTROLLED SUBSTANCE Mixture of Sod. Pentobar	bital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand 109 - 50	42
Total Amount Received 500	
Total Amount Utilized 180	5
*Total Amount Lost	
Ending Amount on Hand 429.50	
Number of Dogs Euthanized /5	2
Number of Cats Euthanized 43	0
Other Species Euthanized (specify)	0
Birdg Chipmonk=1	
* Loss of controlled substances must be reported to the Bur	eau of Narcotic Enforcement. Briefly explain the loss.
Signed:	
Print Name:	
To be completed by registered agent: I certify that on	12/16 conducted a physical inventory on the controlled substances
listed above. Any loss has been noted. Under the penalties	of periury. I affirm that the statements made are true.
	Openfune Valey, beasures, HSW
My Choz	
Signature of Agent	Signature of Officer of Society or Facility
7/2/16	7-7-16
Date	Date
False statements made herein are punishable as a Class A	misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement	
Riverview Center	
150 Broadway	
Albany, NY 12204 (866) 811-7957	

NEW YORK STATE DEPARTMENT OF HEALTH

APR 1 1 2016

TH Quarterly Controlled Substance Inventory Form for Bureau of Narcetic Enforcement Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulation facility shall submit a report to the department	ulations Part 80.134(k) states: "Quarterly reports. With) nent signed by an officer or official and the agent and incl	n 10 days of the end of each quarter of each year, the society or
Facility Name Homose	그는 사람들은 경우 아이들 것이 있는 이 얼마를 보았다. 그리고 아이들은 모양을 하는 것이 되었다면 하는데 되었다. 그 모양을 다 되었다.	water New Rochelle Humane Sc
	4 / 3	CONTROLLENE HOUNG OF
Agent's Name Joy CR	Holtz	7.7 × 21883990
Address 10 Port	man Road work zip 10	801 county Westchester
Telephone Number 916	4 632 2925	
Bureau of Narcotic Enforcement C		
DEA Number	Simulation (750 % 4	
	Quarter (1)(2)(3)(4) of year	20/6
CONTROLLED SUBSTANCE N	dixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	254	52
Total Amount Received		_
Total Amount Utilized	144.5	10
*Total Amount Lost	1	
Ending Amount on Hand	109.150	1 42
Number of Dogs Euthanized	14	# /
Number of Cats Euthanized	12	F 6
Other Species Euthanized (specify	1-2	
	ust be reported to the Bureau of Narcotic Enfo	Daise Company of the last
Loss of controlled substances in	ist be reported to the Bureau of Narcotte Enfo	rement. Briefly explain the loss.
Signed:		
Print Name:	- IV MINISTER	
To be completed by registered as	gent: I certify that on / / I conducte	d a physical inventory on the controlled substances
listed above. Any loss has been no	oted. Under the penalties of perjury, I affirm t	hat the statements made are true.
Operation	() /()	La Valer
Simple	S: 1 5055	
Signature of Agent		cer of Society or Facility
4/6/14	1	1-6-16
Date	Date	The state of the s
False statements made herein are	punishable as a Class A misdemeanor, purs	uant to section 210.45 of the Penal Law,
Mail completed forms to: Bureau	of Narcotic Enforcement	
	ew Center	
150 Bro		
	NY 12204	A.
	11-7957	X-1

NYS Department of Health JAN 1 1 2016Quarterly Controlled Substance Inventory Form for NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement Bureau of Narcotic Enforces **Humane Societies** Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form). Address Zip 10801 Telephone Number 10026 Bureau of Narcotic Enforcement Certificate Number DEA Number Quarter (1) (2) (3) (2) of year CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III) Previous Amount on Hand Total Amount Received 10 Total Amount Utilized *Total Amount Lost Ending Amount on Hand Number of Dogs Euthanized Number of Cats Euthanized Other Species Euthanized (specify) * Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. Print Name: To be completed by registered agent: I certify that on 1/5/1/4 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true. Signature of Offiger of Society or Facility Date False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law. Mail completed forms to: Bureau of Narcotic Enforcement Riverview Center 150 Broadway Albany, NY 12204

(866) 811-7957

Bureau of Narcotic Enforcen	nent		
Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society of facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form). Facility Name New Cholle Honore Science Agent's Name Ogge Holz			
		Address 70 Portman Road	
			- 100 L - 100 L -
Now Rochalle State M	Zip 10831 County Westchester		
Telephone Number 914 632 2925			
Bureau of Narcotic Enforcement Certificate Number / C	1026		
DEA Number			
Quarter (1) (2) (3) (4) Circle corre			
CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (So	hedule III) Ketamine (Schedule III)		
Previous Amount on Hand 172	30		
Total Amount Received 500	-0-		
Total Amount Utilized 198 -	18		
*Total Amount Lost — C —	Name of the last o		
Ending Amount on Hand 474	12		
Number of Dogs Euthanized 1 (o	9		
Number of Cats Euthanized 3 4	-0-		
Other Species Euthanized (specify) Rathet 3			
* Loss of controlled substances must be reported to the Bureau of No	arcotic Enforcement. Briefly explain the loss.		
Signed:			
Print Name:			
To be completed by registered agent: I certify that on 10/1/6	I conducted a physical inventory on the controlled substances		
listed above. Any loss has been noted. Under the penalties of perjul	ry. I offirm that Me statements) made are true.		
_ 1()			
grucebox	The second		
Signature of Agent Signa	stune of Officer of Society or Facility		
10/7/16	10/8/15		
Date Date			
False statements made herein are punishable as a Class A misdem	eanor, pursuant to section 210.45 of the Penal Law.		
Mail completed forms to: Bureau of Narcotic Enforcement			
Riverview Center			
150 Broadway			
Albany, NY 12204			
(866) 811-7957			